| Fill in this information to identify your case: | | |
|---|--|--------------------|
| United States Bankruptcy Court for the: New Jersey | | |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if amended |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|--|
| 1. Your full name | | |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Laurence First name R Middle name Pellegrino Last name Suffix (Sr., Jr., II, III) | First name Middle name Last name Suffix (Sr., Jr., II, III) |
| 2. All other names you have used in the last 8 years Include your married or maiden names. | Laurence First name R. Middle name Pellegrino, Jr. Last name | First name Middle name Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - <u>3</u> <u>4</u> <u>8</u> <u>0</u> or 9 xx - xx | xxx - xx |

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Debtor 1 Laurence R Pellegrino Case number (if known) Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|----|--|---|--|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. | | | | |
| | the last 8 years | Business name | Business name | | | | |
| | Include trade names and doing business as names | Business name | Business name | | | | |
| | | EIN | EIN | | | | |
| | | EIN | EIN | | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | | |
| | | 512 Thomas Avenue Number Street | Number Street | | | | |
| | | Barrington NJ 08007 City State ZIP Code | City State ZIP Code | | | | |
| | | CAMDEN County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number Street | Number Street | | | | |
| | | P.O. Box | P.O. Box | | | | |
| | | City State ZIP Code | City State ZIP Code | | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any | | | | |
| | | other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |
| | | | | | | | |

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Debtor 1

Laurence R Pellegrino Middle Name

Last Name

Case number (if known)_

| Pa | art 2: | Tell the Court Abou | t Your Ba | ankrup | tcy Case | | | | | |
|-----|-------------------|--|--|---|--|--|---|--|--|--|
| 7. | Bankr | napter of the uptcy Code you | Check or for Banki | ne. (For a ruptcy (F | a brief description of each, see <i>Noti</i> Form B2010)). Also, go to the top of | ice Required by 11 page 1 and check | U.S.C. § 342(b) for Individuals Filing the appropriate box. | | | |
| | are ch under | oosing to file | | ter 7 | | | | | | |
| | unaoi | | ☐ Chap | Chapter 11 | | | | | | |
| | | | ☐ Chap | apter 12 | | | | | | |
| | | | ☐ Chap | ter 13 | | | | | | |
| 8. | How y | ou will pay the fee | local yours subn | pay the entire fee when I file my petition. Please check with the clerk's office in your court for more details about how you may pay. Typically, if you are paying the fee self, you may pay with cash, cashier's check, or money order. If your attorney is nitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address. | | | | | | |
| | | | | | ay the fee in installments. If yo | | | | | |
| | | | Appl | ication | for Individuals to Pay Your Filin | g Fee in Installm | ents (Official Form 103A). | | | |
| | | | □ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | | | | | | | |
| 9. | | you filed for | ĭ No | | | | | | | |
| | | uptcy within the years? | ☐ Yes. | District | When | | Case number | | | |
| | | - | | District | When | MM / DD / YYYY | Case number | | | |
| | | | | DISTRICT | Wileii | MM / DD / YYYY | Case Humber | | | |
| | | | | District | When | MM / DD / YYYY | Case number | | | |
| 10. | Are ar | ny bankruptcy | ■ No | | | | | | | |
| | | pending or being by a spouse who is | Yes. | Debtor | | | Relationship to you | | | |
| | not fil you, c | ing this case with or by a business er, or by an | | District | When | MM / DD / YYYY | Case number, if known | | | |
| | | | | Debtor | | | Relationship to you | | | |
| | | | | District | When | MM / DD / YYYY | Case number, if known | | | |
| 11. | Do yo reside | u rent your nce? | No. Yes. Yes. | Go to line 12. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? | | | | | | |
| | | | | ☐ Yes | No. Go to line 12. Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. | | | | | |

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Debtor 1 Laurence R Pellegrino Case number (if known) Case number (if known)

| or any full, or part-time | 🖾 No. Go | to Part 4. | | | | |
|--|----------------|--|---------------------------|------------------|---------------------|--|
| of any full- or part-time business? | ☐ Yes. N | ame and location of bus | siness | | | |
| A sole proprietorship is a business you operate as an | | | | | | |
| individual, and is not a separate legal entity such as | N | ame of business, if any | | | | |
| a corporation, partnership, or LLC. | N | umber Street | | | | |
| If you have more than one | | | | | | |
| sole proprietorship, use a separate sheet and attach it | _ | | | | | |
| to this petition. | - (| City | | State | ZIP Code | |
| | С | heck the appropriate bo | ox to describe your bus | iness: | | |
| | | Health Care Business | s (as defined in 11 U.S | .C. § 101(27A)) | | |
| | | Single Asset Real Es | state (as defined in 11 L | J.S.C. § 101(51B |)) | |
| | | Stockbroker (as defin | ned in 11 U.S.C. § 101(| 53A)) | | |
| | | Commodity Broker (a | as defined in 11 U.S.C. | § 101(6)) | | |
| | | None of the above | | | | |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D). | th Yes. I a | No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| art 4: Report if You Own | or Have A | ny Hazardous Prope | erty or Any Propert | y That Needs | Immediate Attention | |
| | ĭ No | | | | | |
| Do you own or have any | | | | | | |
| property that poses or is alleged to pose a threat | ☐ Yes. | What is the hazard? | | | | |
| property that poses or is alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | ☐ Yes. | What is the hazard? | | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | | | s needed, why is it need | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own | | | s needed, why is it need | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | s needed, why is it need | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ı | | | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ı | If immediate attention is | s needed, why is it need | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ı | If immediate attention is | | ded? | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building | ı | If immediate attention is | | ded? | | |

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Debtor 1 Laurence R Pellegrino

First Name

Middle Name

Last Name

Case number (if known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of: | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 | Laurence R F | Pellegrino | | Case number (if known) |
|----------|--------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |
| | | | | |
| | | | | |

| Pa | rt 6: Answer These Ques | tions for Reporting Purposes | | | | | |
|-----|--|---|---|-------------------------------------|---|--|--|
| 16. | What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | you nave. | No. Go to line 16b.✓ Yes. Go to line 17. | | | | | |
| | | 16b. Are your debts primarily I money for a business or investi | | | | | |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | | | | |
| | | 16c. State the type of debts you owe | e that are not consumer de | bts or business | s debts. | | |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chapte | er 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is | Yes. I am filing under Chapter 7. administrative expenses ar | Do you estimate that after e paid that funds will be av | any exempt po ailable to distrib | roperty is excluded and bute to unsecured creditors? | | |
| | excluded and | ĭ No | | | | | |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | | | |
| 18. | How many creditors do | △ 1-49 | 1 ,000-5,000 | | 25,001-50,000 | | |
| | you estimate that you | 50-99 | 5,001-10,000 | | 5 0,001-100,000 | | |
| | owe? | 100-199 200-999 | 10,001-25,000 | | ☐ More than 100,000 | | |
| 19. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | n | □ \$500,000,001-\$1 billion | | |
| | estimate your assets to | \$50,001-\$100,000 | \$10,000,001-\$50 million | | \$1,000,000,001-\$10 billion | | |
| | be worth? | ■ \$100,001-\$500,000 ■ \$500,001-\$1 million | \$50,000,001-\$100 mil \$100,000,001-\$500 m | | □ \$10,000,000,001-\$50 billion □ More than \$50 billion | | |
| | | | | | · | | |
| 20. | How much do you estimate your liabilities | \$0-\$50,000 | \$1,000,001-\$10 million | | \$500,000,001-\$1 billion | | |
| | to be? | □ \$50,001-\$100,000 □ \$100,001-\$500,000 | □ \$10,000,001-\$50 millio□ \$50,000,001-\$100 millio□ | | □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion | | |
| | | \$500,001-\$300,000 | \$100,000,001-\$100 m | | ☐ More than \$50 billion | | |
| Pa | rt 7: Sign Below | . , , | . , , , | | · | | |
| Fo | or you | I have examined this petition, and I correct. | declare under penalty of pe | erjury that the in | nformation provided is true and | | |
| | | If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7. | | | | | |
| | | If no attorney represents me and I d this document, I have obtained and | | | | | |
| | | I request relief in accordance with the | ne chapter of title 11, United | d States Code, | specified in this petition. | | |
| | | I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | fines up to \$250,000, or in | | ney or property by fraud in connection r up to 20 years, or both. | | |
| | | ★ /s/Laurence R Pellegrino | × | ; | | | |
| | | Signature of Debtor 1 | | Signature of D | Debtor 2 | | |
| | | Executed on 06/29/2016 MM / DD / YYYY | Υ | Executed on | MM / DD /YYYY | | |

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| Debtor 1 | Laurence R | | | Case number (if known) | | | | |
|-----------|--|-------------|---|---|--------------------------------------|--|--|---------|
| | First Name | Middle Name | Last Name | | | | | |
| represer | attorney, if y nted by one e not represe | | to proceed under Chapter 7, 11, available under each chapter for the notice required by 11 U.S.C. | amed in this petition, declare that I I I I I I I I I I I I I I I I I I I | Code, and certify th 707(b)(4) | d have expl at I have de (D) applies | ained the relief elivered to the de , certify that I hav | btor(s) |
| by an att | forney, you do | o not | /s//s/ Steven N. Taieb, Esq. | e information in the schedules flied | | 06/29/201 | | |
| | | | Signature of Attorney for Debtor | - | | MM / | DD /YYYY | _ |
| | | | Steven N. Taieb, Esq. Printed name | | | | | |
| | | | Steven N. Taieb, Esq. ST 800 Firm name | 01 | | | | |
| | | | 1155 Route 73, Suite 11 Number Street | | | | | |
| | | | Mt. Laurel City | NJ State | | 08054 ZIP Code | | |
| | | | Contact phone (856) 235-4994 | Emai | il address | staieb@c | omcast.net | |
| | | | | | | | | |
| | | | ST 8001 Bar number | NJ State | | | | |
| | | | | | | | | |

| Fill in this information to identify your case and this filing: | | | | | | |
|---|------------------------|---------------|-------------------------|---|--|--|
| Debtor 1 | Laurence First Name | R Middle Name | Pellegrino Last Name | _ | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: New Jersey | | | | | | |
| Case number | | | | | | |
| | | | | | | |

Official Form 106A/B

Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| No. Go to | Part 2. | est in any residence, building, land, or similar prope | erty? | |
|----------------------|---|---|---|---------------------------------------|
| 1.1. <u>512</u> | Thomas Avenue | What is the property? Check all that apply. ☑ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Sileer | address, if available, of other description | Condominium or cooperativeManufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | Land | \$ 140,000.00 | \$ 140,000.00 |
| Barrir City | ogton NJ 08007 State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. | Fee Simple Owne | rshin |
| <u>Cam</u> County | | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this ite. | Check if this is co | |
| 1.2. | have more than one, list here: | what is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| Street | address, if available, of other description | ☐ Condominium or cooperative☐ Manufactured or mobile home☐ Land | Current value of the entire property? | Current value of the portion you own? |
| City | State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. Debtor 1 only | | |
| County | | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |
| | | At least one of the debtors and another Other information you wish to add about this item property identification number: | | |

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| 3.3. | Make: | Chevy | Who has an interest in the property? Check one. | Do not deduct secured cla | |
|------|---|-------------------|---|---|--|
| | Model: | 2010 | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2010 | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | | At least one of the debtors and another | | |
| | Other information: | | ☐ Check if this is community property (see instructions) | \$9,350.00 | \$ <u>4,675.00</u> |
| 3.4. | Make: | | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | Model: | | Debtor 1 only | Creditors Who Have Clair | |
| | Year: | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | | At least one of the debtors and another | | |
| | Other information: | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | | | Who has an interest in the property? Check one | | |
| 4.1. | Make: Model: Year: Other information: | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: ms Secured by Property. |
| 4.1. | Make: Model: Year: | n one, list here: | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ |
| 4.1. | Make: Model: Year: Other information: u own or have more that Make: Model: | n one, list here: | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ |
| 4.1. | Make: Model: Year: Other information: Jown or have more that Make: Model: Year: | n one, list here: | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ |

Case 16-22566-ABA Doc 1 Filed 06/29/16 Entered 06/29/16 15:14:39 Desc Main Pellegrip Cument Page 11 of 15 number (if known) Last Name

Part 3: Describe Your Personal and Household Items

| Do | you own or have any le | gal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|--|--|--|
| • | Havaahald waada and f | tum taktu na | or exemptions. |
| 6. | Household goods and f | ces, furniture, linens, china, kitchenware | |
| | _ , , , , , , | ces, furniture, irriens, crima, kitchenware | |
| | ☐ No ☐ Yes. Describe | Household Goods | \$4,000.00 |
| 7 | Electronics | | |
| 7. | Examples: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ectronic devices including cell phones, cameras, media players, games | |
| | Yes. Describe | 2 TVs, Comupter, Printe, Camera & Cell Phone | <u>\$2,000.00</u> |
| 8. | Collectibles of value | | |
| | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | |
| | Yes. Describe | | \$ |
| 9. | Equipment for sports a | nd hobbies | |
| | Examples: Sports, photo and kayaks; o | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | |
| | ☐ No ☐ Yes. Describe | Carpentry Tools | \$800.00 |
| 10. | Firearms | | |
| | Examples: Pistols, rifles, | shotguns, ammunition, and related equipment | |
| | □ No | D. II. (D'II. | _ |
| | Yes. Describe | Pellet Rifle | \$ <u>100.00</u> |
| 11. | □ No | hes, furs, leather coats, designer wear, shoes, accessories | |
| | Yes. Describe | Ciotries | \$ <u>50.00</u> |
| 12. | gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| | No Yes. Describe | | \$ |
| 13. | Non-farm animals Examples: Dogs, cats, bi | rds, horses | _ |
| | ☑ No | | |
| | Yes. Describe | | \$ |
| 14. | Any other personal and | household items you did not already list, including any health aids you did not list | |
| | ⊠ No | | |
| | Yes. Give specific information | | \$ |
| 15. | | all of your entries from Part 3, including any entries for pages you have attached mber here | \$6,950.00 |
| | | | |

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| Do you own or have any | legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claim or exemptions. |
|--|--|---|---|
| | have in your wallet, in your hom | ne, in a safe deposit box, and on hand when you file yo | ur petition |
| ☑ No ☐ Yes | | Casł | n:\$ |
| | | nts; certificates of deposit; shares in credit unions, bro ultiple accounts with the same institution, list each. | kerage houses, |
| Yes | | Institution name: | |
| | 17.1. Checking account: | TD Bank | \$ <u>9</u> 00.00 |
| | 17.2. Checking account: | | \$ |
| | 17.3. Savings account: | | \$ |
| | 17.4. Savings account: | | |
| | 17.5. Certificates of deposit: | | \$ |
| | 17.6. Other financial account: | | \$ |
| | 17.7. Other financial account: | | \$ |
| | 17.8. Other financial account: | | \$ |
| | 17.9. Other financial account: | | |
| | or publicly traded stocks investment accounts with broke Institution or issuer name: | erage firms, money market accounts | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 19. Non-publicly traded st an LLC, partnership, a | | rated and unincorporated businesses, including ar | n interest in |
| ĭ No | Name of entity: | % of | ownership: |
| Yes. Give specific information about | | | % \$ |
| them | | | % \$ |

Case 16-22566-ABA

Middle Name

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20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately.. Type of account: Institution name: 401(k) or similar plan: District 65 Security Place \$176.00 Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: _ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No. ☐ Yes..... Issuer name and description:

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| ce | R | Pellegrip@cument | Page 14 of 61 number |
|----|----------------|------------------|----------------------|
| | MC Lilla Maria | - Dodiniont | . 490 0. 01 |

| 24. | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529 | count in a qualified ABLE program, or under a qualified state tuition progr $9(b)(1)$. | am. | |
|-----|--|--|---------|---|
| | No | | | |
| | Yes Institution | n name and description. Separately file the records of any interests.11 U.S.C. § | 521(c): | |
| | | | | \$ |
| | | | | \$ |
| | | | | Φ |
| | | | | Φ |
| 25. | Trusts, equitable or future interests in exercisable for your benefit | property (other than anything listed in line 1), and rights or powers | | |
| | | | | |
| | ☐ Yes. Give specific | | | |
| | information about them | | | 5 |
| 26. | | e secrets, and other intellectual property sites, proceeds from royalties and licensing agreements | | |
| | ☐ Yes. Give specific | | | . |
| | information about them | | | 5 |
| 27. | ĭ No | al intangibles enses, cooperative association holdings, liquor licenses, professional licenses | | |
| | Yes. Give specific information about them | | | \$ |
| | inionnation about them | | ` | ρ |
| Mc | oney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | | | |
| | ĭ No | | | |
| | ☐ Yes. Give specific information | Federal: | \$ | |
| | about them, including whether you already filed the returns | | Ψ_ | |
| | and the tax years | State: | Φ_ | |
| | | Local: | \$_ | |
| 29. | Family support Examples: Past due or lump sum alimon | y, spousal support, child support, maintenance, divorce settlement, property set | tlement | |
| | ☐ Yes. Give specific information | | | • |
| | | Alimony: | | \$ |
| | | | | • |
| | | Maintenance: | : | \$ |
| | | Support: | : | \$ |
| | | Support: Divorce settlemen | nt: | \$ \$ |
| | | Support: | nt: | \$ |
| 30. | Other amounts someone owes you | Support: Divorce settlement Property settlement | nt: | \$ \$ |
| 30. | Examples: Unpaid wages, disability insur | Support: Divorce settlement Property settlement rance payments, disability benefits, sick pay, vacation pay, workers' compensation | nt: | \$ \$ |
| 30. | Examples: Unpaid wages, disability insur Social Security benefits; unpa | Support: Divorce settlement Property settlement | nt: | \$ \$ |
| 30. | Examples: Unpaid wages, disability insur Social Security benefits; unpa | Support: Divorce settlement Property settlement rance payments, disability benefits, sick pay, vacation pay, workers' compensation and loans you made to someone else | nt: | \$ \$ |
| 30. | Examples: Unpaid wages, disability insur Social Security benefits; unpa | Support: Divorce settlement Property settlement rance payments, disability benefits, sick pay, vacation pay, workers' compensation and loans you made to someone else | nt: | \$ \$ |

ase 16-22566-ABA Laurence R Occ 1 Filed 06/29/16 Entered 06/29/16 15:14:39 Desc Main

Pellegrip 8 cument Page 15 of 6 number (if known)_____

31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. X No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue \$0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims X No ☐ Yes. Describe each claim..... 35. Any financial assets you did not already list X No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached **\$1,076.00** for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☑ No. ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices X No ☐ Yes. Describe...

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| 40. Machinery, fixtures, equipment, supplies you use in business, and | tools of your trade | |
|---|---------------------------------------|---|
| ☑ No | | |
| ☐ Yes. Describe | : | \$ |
| | | |
| 41. Inventory | | |
| ☑ No | | |
| ☐ Yes. Describe | | \$ |
| | | |
| 42. Interests in partnerships or joint ventures | | |
| ☑ No | | |
| Yes. Describe Name of entity: | % of ownership: | |
| | % | \$ |
| | % | \$ |
| | % | \$ |
| 40 Customar lists mailing lists or other compilations | | |
| 43. Customer lists, mailing lists, or other compilations No | | |
| Yes. Do your lists include personally identifiable information (a | as defined in 11 U.S.C. § 101(41A))? | |
| ☑ No | | |
| ☐ Yes. Describe | | • |
| | | \$ |
| 44. Any business-related property you did not already list | | |
| No | | |
| ☐ Yes. Give specific | | \$ |
| information | | \$ |
| | | - |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| 45. Add the dollar value of all of your entries from Part 5, including an | y entries for pages you have attached | ÷0.00 |
| for Part 5. Write that number here | | \$0.00 |
| | | |
| | | |
| Part 6: Describe Any Farm- and Commercial Fishing-Relat | | |
| If you own or have an interest in farmland, list it in Part 1. | | |
| 46. Do you own or have any legal or equitable interest in any farm- or o | commercial fishing-related property? | |
| No. Go to Part 7. | commercial norming related property. | |
| ☐ Yes. Go to line 47. | | |
| | | Current value of the |
| | | portion you own? |
| | | Do not deduct secured claims or exemptions. |
| 47. Farm animals | | |
| Examples: Livestock, poultry, farm-raised fish | | |
| ☑ No | | |
| ☐ Yes | | |
| | | \$ |
| | | |

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| 48. Crops—either growing or harvested | | | |
|---|-------------------------|---------------------------------|----------------------|
| ✓ No ✓ Yes. Give specific information | | | \$ |
| 49. Farm and fishing equipment, implements, machinery, fixtures, a No Yes | and tools of trade | | 1 |
| ☐ Yes | | | \$ |
| 50. Farm and fishing supplies, chemicals, and feed | | | |
| ☑ No ☐ Yes | | |] |
| | | | \$ |
| 51. Any farm- and commercial fishing-related property you did not a No | already list | | |
| Yes. Give specific information | | | \$ |
| 52. Add the dollar value of all of your entries from Part 6, including for Part 6. Write that number here | | _ | \$0.00 |
| | | | |
| Part 7: Describe All Property You Own or Have an | Interest in That | You Did Not List Above | |
| 53. Do you have other property of any kind you did not already list | ? | | |
| Examples: Season tickets, country club membership No | | | _ |
| Yes. Give specific information | | | \$ \$ |
| | | | \$ |
| 54. Add the dollar value of all of your entries from Part 7. Write that | number here | ······ | \$ |
| Part 8: List the Totals of Each Part of this Form | | | |
| 55. Part 1: Total real estate, line 2 | | ······ | \$ 140,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$ <u>11,675.00</u> | - | |
| 57. Part 3: Total personal and household items, line 15 | \$ <u>6,950.00</u> | - | |
| 58. Part 4: Total financial assets, line 36 | \$ <u>1,076.00</u> | | |
| 59. Part 5: Total business-related property, line 45 | \$ <u>0.00</u> | - | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ <u>0.00</u> | - | |
| 61. Part 7: Total other property not listed, line 54 | + \$ <u>0.00</u> | - | |
| 62. Total personal property. Add lines 56 through 61 | \$ <u>19,701.00</u> | Copy personal property total -> | +\$19,701.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | <u>\$159,701.00</u> |

| Fill in this information to identify your case: | | | | | | |
|--|----------|---------------|-------------------------|--|--|--|
| Debtor 1 | Laurence | R Middle Name | Pellegrino Last Name | | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | | | | |
| United States Bankruptcy Court for the: New Jersey | | | | | | |
| Case number (If known) | | | | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
|--|--|---|--------------------------------------|---|--|--|--|--|
| 2. | For any proper | ty you list on <i>Schedule A/B</i> th | nat you claim as exem | pt, fill in the information below. | | | | |
| | | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | |
| | Brief description: Line from Schedule A/B: | See Attachment 1 3.2 | \$4,000.00 | ∑ \$ 4,000.00 100% of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(2) 11 USC § 522(d)(5) | | | |
| | Brief description: Line from Schedule A/B: | See Attachment 2 3.3 | \$ 3,000.00 | ∑ \$ 697.62 ☐ 100% of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(5) | | | |
| | Brief description: Line from Schedule A/B: | Household Goods | \$ <u>4,000.00</u> | | 11 USC § 522(d)(3) | | | |
| 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes | | | | | | | | |

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Debtor 1

Laurence R Pellegrino

Middle Name

Last Name

Part 2:

Additional Page

| | Brief description of the property and line on Schedule A/B that lists this property | | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|---|-------------------------------------|---|--|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | See Attachment 3 | \$ 2,000.00 | 3 \$ 2,000.00 | 11 USC § 522(d)(3) |
| Line from Schedule A/B: | 7 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Carpentry Tools | \$_800.00 | ∑ \$ 800.00 | 11 USC § 522(d)(5) |
| Line from Schedule A/B: | 9 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Pellet Rifle | \$_100.00 | ■ \$ 100.00 | 11 USC § 522(d)(5) |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Clothes | \$ <u>50.00</u> | × \$ 50.00 | 11 USC § 522(d)(5) |
| Line from Schedule A/B: | 11 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | See Attachment 4 | \$_900.00 | \$ 900.00 □ 100% of fair market value, up to | 11 USC § 522(d)(5) |
| Line from Schedule A/B: | 17.1 | | any applicable statutory limit | |
| Brief description: | See Attachment 5 | \$ <u>176.00</u> | × <u>100%</u> | 11 USC § 522(d)(10)(E) |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | See Attachment 6 | \$ Unknown | × \$ 31,322.38 | 11 USC § 522(d)(11)(D) 11 USC § 522(d)(5) |
| Line from Schedule A/B: | 33 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | 2010 Chevy 2010 with | \$ <u>4,675.00</u> | | 11 USC § 522(d)(5) |
| Line from Schedule A/B: | 3.4 | | any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

Attachment Debtor: Laurence R Pellegrino Case No:

Attachment 1

2007 Explorer Ford with 116,000 miles.

Attachment 2

2005 Intruder Suzuki with 10,000 miles.

Attachment 3

2 TVs, Comupter, Printe, Camera & Cell Phone

Attachment 4

Checking Account with TD Bank

Attachment 5

Pension Plan with District 65 Security Place

Attachment 6

Third Party Claim-Attorney Gosse

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| Fill in this information to identify your case: | | | | | |
|--|----------------|------------------------|-----------|--|--|
| Debtor 1 | Laurence R Pel | legrino Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: New Jersey | | | | | |
| Case number (If known) | | | | | |
| | | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any

| | dditional pages, write your name and case number (if known). |
|----|---|
| 1. | Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. ☐ Yes. Fill in all of the information below. |
| | |

| List all secured claims. If a creditor has r for each claim. If more than one creditor has much as possible, list the claims in alpla. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | | |
|--|---|-----------------------------------|-------------|---------|
| 2.1 Ally Financial | Describe the property that secures the claim: | \$_2,145.00 | \$ 9,350.00 | .\$ |
| Creditor's Name P.O. Box 380901 Number Street | 2010 Chevy 2010 with | | | |
| Bloomington MN 55438 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☑ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | - | | |
| Date debt was incurred | Last 4 digits of account number 1 3 6 8 | | | |
| 2.2 Capital One Retail Services | Describe the property that secures the claim: | \$2,302.38 | \$_3,000.00 | \$ 0.00 |
| Creditor's Name PO Box 30257 Number Street | 2005 Intruder Suzuki with 10,000 miles. | | | |
| Salt Lake City UT 84130 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | - | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) | - | | |
| ☐ Check if this claim relates to a community debt | | | | |

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Case number (if known) Document

Debtor 1

Laurence R Pellegrino Middle Name

Last Name

| Additional Page After listing any entrice by 2.4, and so forth. | s on this page, number them beginning with 2.3, follo | wed Column A Amount of claim Do not deduct the value of collateral. | Column B Column C Value of collateral that supports this claim lf any |
|--|--|---|--|
| Wells Fargo Home Morte Creditor's Name PO Box 14547 Number Street | page Describe the property that secures the claim | s <u>177,958.96</u> | \$ 140,000.00 <u>\$ 0.00</u> |
| Des Moines IA City State | As of the date you file, the claim is: Check all 50306 ZIP Code Unliquidated Disputed | that apply. | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim relates to community debt Date debt was incurred | ☐ Other (including a right to offset)a | n) | |
| 2.4 | Describe the property that secures the claim | ı: \$ | \$\$ |
| Creditor's Name Number Street City State Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim relates to community debt Date debt was incurred | a Cother (including a right to offset) Last 4 digits of account number | secured 1) | |
| Creditor's Name Number Street | Describe the property that secures the claim | : \$ | \$ |
| City State | As of the date you file, the claim is: Check all Contingent Unliquidated Disputed | that apply. | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim relates to community debt | Nature of lien. Check all that apply. An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) | | |
| Date debt was incurred | Last 4 digits of account number | | |
| Add the dollar value of y | our entries in Column A on this page. Write that numb | per here: \$177,958.96 | |
| If this is the last page of Write that number here: | your form, add the dollar value totals from all pages. | \$ 182,406.34 | |

| Debot 1 Laurence R Pellegrino Battelium Battel | | Case 16-22566-ABA Doc 1 | Filed 06/29/16 Entered 06/29/16 | L5:14:39 | Desc Maii | า |
|--|--------|---|---|----------------|-----------------|---------------|
| Debtor 2 Opcount, 1990 restrictions Main have Last have | Fill i | n this information to identify your case: | of 61 | | | |
| Debtor 2 Opcount, 1990 restrictions Main have Last have | Debt | or 1 Laurence R Pellegrino | | | | |
| United States Barkinghory Count for the. New Jersey | Debt | | Last Name | | | |
| United States Bankrustory Count for the Mew Jersey | | | Last Name | | | |
| Comments of the control of the comments of the control of the cont | | | | | | |
| Case number Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY Claims. Lat the other party to any executiony contracts or unergired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A9) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property, if more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. | Unite | ed States Bankruptcy Court for the: | | | ☐ Check | if this is an |
| Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Orlical Form 1066.) and on Schedule 6: Executory Contracts and Unexpired Leases (Orlical Form 1066.) and on Include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: Yes. | | | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ASP Property (Ordinal Form 10045), but not include any ASP Property (Ordinal Form 10045). Do not include any Mark Property Collisis from 10045), but not include any Collisis from 10045. Do not include any Collisis from 10045. Do not include any additional pages, write you runae and case number (if known). Part 11 | (| , | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or John Additional Control of the Control of t | Offi | cial Form 106E/F | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and ARP: Property (Circliar Form 1046B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1046B). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, ill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if Known). Part 11 List All of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. | | | he Heye Uncopured Claim | • | | 4044 |
| List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and fluezipred Leases (Official Form 1606), Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and fluezipred Leases (Official Form 1606). Do not include any creditors with partially secured claims that are listed in Schedule 0: Creditors Who Hold Claims Secured by Proparty. If more space is needed, copy the Part you need, ill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims, if a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, isis that claim has both priority unsecured claims, list of your priority unsecured claims, list on the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim, see the instructions for this form in the instruction booklet.) Ves. | 30 | nedule E/F: Creditors W | no nave onsecured Claim | 15 | | 12/15 |
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| creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 11 | | | | | | |
| As of the date your file, the claim is: Check all that apply. City Suite ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 and Debtor 1 and Debtor 3 and Signed Contingent | credit | ors with partially secured claims that are listed | in Schedule D: Creditors Who Hold Claims Secure | ed by Property | . If more space | is |
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| 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. | ally a | dultional pages, write your name and case num | iber (II Kilowii). | | | |
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| No. Go to Part 2. Yes. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, lift out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount Nonpriority | 1. [| Oo any creditors have priority unsecured claim | s against you? | | | |
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| Debtor 2 only | | _ | _ | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number Street As of the date you file, the claim is: Check all that apply. City State City State City Contingent Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | | | Type of PRIORITY unsecured claim: | | | |
| At least one of the debtors and another Taxes and certain other debts you owe the government Claims for a community debt Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Other Specify Other. Specify Other. Specify Other. Specify Other Specify Other. Specify Other. Specify Other. Specify Other Specify Other Specify Other Specify Other Specif | | | | | | |
| Claims for death or personal injury while you were intoxicated Other. Specify Priority Creditor's Name Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Claims for death or personal injury while you were intoxicated Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | | At least one of the debtors and another | | t | | |
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| Yes Last 4 digits of account number \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | _ | | | |
| Last 4 digits of account number | | | U Other. Specify | _ | | |
| Priority Creditor's Name Number Street | | Yes | | | | |
| When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | 2.2 | Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | _ \$ |
| As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Unliquidated Unliquidat | | . Holly Ground of Hame | When was the debt incurred? | | | |
| City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | | Number Street | As of the date you file the claim is: Check all that any | lv. | | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Unliquidated □ Disputed □ Disputed □ Disputed □ Domestic support obligations □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Other. Specify □ Other. | | | <u> </u> | ıy. | | |
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| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | | ☐ Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No | | | | | | |
| Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify | | | | t | | |
| Is the claim subject to offset? Other. Specify | | _ | | | | |
| □ No | | • | intoxicated | | | |
| | | <u> </u> | U Other. Specify | _ | | |
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| Pa | List All of Your NONPRIORITY Unsecured Claims | | |
|-----|---|---|--------------------|
| 3. | Do any creditors have nonpriority unsecured claims against you ☐ No. You have nothing to report in this part. Submit this form to the ☐ Yes | | |
| 4. | List all of your nonpriority unsecured claims in the alphabetical of priority unsecured claim, list the creditor separately for each claim. For included in Part 1. If more than one creditor holds a particular claim, liftll out the Continuation Page of Part 2. | or each claim listed, identify what type of claim it is. Do not list | claims already |
| | | | Total claim |
| 4.1 | Atlantic Credit and Finance Nonpriority Creditor's Name | Last 4 digits of account number 3 9 4 7 | \$2,488.00 |
| | PO Box 13386 | When was the debt incurred? | |
| | Number Street | | |
| | Roanoke VA 24033 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Judgment DC 003863-15</u> | |
| | ☐ Yes | | |
| 4.2 | Capital One | Last 4 digits of account number 9 0 6 3 | \$ <u>1,743.47</u> |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 30281 | | |
| | Number Street Salt Lake City UT 84130 | As of the date you file, the claim is: Check all that apply. | |
| | Salt Lake City UT 84130 City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☑ No | ■ Other. Specify <u>Credit Card Charges</u> | |
| | ☐ Yes | | |
| 4.3 | Midland Funding LLC | Last 4 digits of account number 6 4 1 2 | 0.557.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | \$ 8,557.00 |
| | 2365 Northside Drive Suite 300 | | |
| | Number Street San Diego CA 92108 | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. | Contingent | |
| | Debtor 1 only | ☐ Unliquidated ☐ Disputed | |
| | Debtor 2 only | - Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | × No | Other. Specify Judgment DC-003696-15 | |
| | ☐ Yes | · · · | |
| | | | |

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Last Name Document

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Your NONPRIORITY Unsecured Claims —Continuation Page

| After listing any entries on this page, number them beginning with | a 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|--------------------|
| Portfolio Recovery Assocs LLC Nonpriority Creditor's Name | Last 4 digits of account number 5 8 1 6 | \$ <u>1,885.00</u> |
| 120 Corporate Blvd | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| Norfolk VA 23502 City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ☑ Other. Specify Colletions for SYNCB JC Penney | |
| ☑ No☐ Yes | | |
| .5 Professional Med Adj Bur | Last 4 digits of account number 1 1 7 3 | \$ 73.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| 4135 S Stream Blvd Suite 400 | | |
| Charlotte MC 28217 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | □ Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| ☐ Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? ☑ No | Other. Specify Collections for SJ Health Sys | |
| Yes | | |
| 6 SYNCB HH Cross | Last 4 digits of account number 2 3 4 1 | \$ 482.00 |
| SYNCB HH Gregg Nonpriority Creditor's Name | | |
| PO Box 965036 | When was the debt incurred? 482 | |
| Number Street Orlando FL 32896 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ☑ Other. Specify Credit Card Charges | |
| ☑ No | | |
| ☐ Yes | | |

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Your NONPRIORITY Unsecured Claims —Continuation Page

| After listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|-------------|
| SYNCB Lowes | Last 4 digits of account number 4 8 5 4 | \$_700.00 |
| Nonpriority Creditor's Name Bankruptcy Dept PO Box 965060 | When was the debt incurred? | |
| Number Street Orlando FL 32896-5060 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ☑ Other. Specify Credit Card Charges | |
| ☑ No ☐ Yes | | |
| SYNCB Walmart | Last 4 digits of account number 6 9 2 8 | \$_1,767.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| PO Box 965024 Number Street | - | |
| Orlando FL 32896-5024 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | ☑ Other. Specify Credit Card Charges | |
| ☑ No ☐ Yes | | |
| 4.9 Torret TD Book | Last 4 digits of account number 6 5 6 5 | \$ 2,313.00 |
| Target TD Bank Nonpriority Creditor's Name | - | |
| PO Box 673 | When was the debt incurred? | |
| Number Street Minneapolis MN 55440 | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | ■ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| ☐ At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | Other. Specify Credit Card Charges | |
| ☑ No | | |
| Yes | | |

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Document

| 5 |
|---|
| ~ |

Your NONPRIORITY Unsecured Claims —Continuation Page

| Afte | r listing any entries on this page, number them beginning with 4. | 5, followed by 4.6, and so forth. | Total claim |
|------|--|---|--------------------|
| 4.10 | The Home Depot CBNA Nonpriority Creditor's Name | Last 4 digits of account number <u>0</u> <u>4</u> <u>1</u> <u>9</u> | \$ <u>7,954.00</u> |
| | PO Box 6497 | When was the debt incurred? | |
| | Number Street Sioux Falls SD 57117 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Charges | |
| | NoYes | | |
| 4.11 | WFFNB Home Projects | Last 4 digits of account number 4 2 6 8 | \$ 4,984.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 14517 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Des Moines IA 50306 City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify Credit Card Charges | |
| | ☑ No ☐ Yes | | |
| 4.12 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated☐ Disputed | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | Yes | | |

Cassulfor 225 66 16 And Doc 1 Filed 06/29/16 Entered 06/29/16 15:14:39 Desc Main First Name Middle Name Last Name Document Page 28 of 61

Part 3: List Others to Be Notified About a Debt That You Already Listed

| CACH LLC Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|------------------------|----------|----------|---|
| PO Box 5980 | | | Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| | | | |
| Denver, CO 80127 | | | Last 4 digits of account number 9 0 6 3 |
| City | State | ZIP Code | |
| FreshView Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 4340 S Monaco Street | | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ☑ Part 2: Creditors with Nonpriority Unsecured |
| Suite 40 | | | Claims |
| Denver, Colorado 80237 | State | ZIP Code | Last 4 digits of account number 9 0 6 3 |
| Midland Credit Mgmt | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 1037 Raymond Blvd | | | Line <u>4.3</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| Suite 710 | | | Claims |
| Newark, NJ 07102 | | | Last 4 digits of account number 6 4 1 2 |
| City | State | ZIP Code | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| rano | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | □ Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | , , , |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Ciaims |
| City | State | ZIP Code | Last 4 digits of account number |
| Oity | State | ZIF Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | 2 Stary are 1 or 1 are 2 and you not the original ordator: |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| - · · , | <u> </u> | 2 3000 | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | □ Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | |

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. |
|----|--|
| | Add the amounts for each type of unsecured claim. |
| | |
| | |

| | | | Total claim |
|--------------|---|-----|----------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$32,946.47 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$32,946.47 |

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| Fill in this in | nformation to ide | ntify your case: | | |
|---------------------------|----------------------|------------------|-----------|--|
| Debtor | Laurence R Pelle | egrino | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse If filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for | the: New Jersey | | |
| Omiou orango | zamapiej eeun ie. | , , , | | |
| Case number (If known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you | have the contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|----------|----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |

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| Fill in this information to identify your case: | | | | |
|---|-----------------|-----------------------|------------|--|
| Debtor 1 | Laurence R Pell | egrino Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| | | or the: New Jersey | Lascitanio | |
| Case number | | | | |
| (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| l . | Do you have any codebtors? (If yo | ou are filing a joint case, do not lis | st either spouse a | s a codebtor.) |
|-----|--|--|--------------------|--|
| | ☐ No | | | |
| | ĭ Yes | | | |
| | Within the last 8 years, have you Arizona, California, Idaho, Louisian | | • | ? (Community property states and territories include shington, and Wisconsin.) |
| | No. Go to line 3. | | | |
| | Yes. Did your spouse, former s | pouse, or legal equivalent live wit | h you at the time? | ? |
| | ☐ No | | | |
| | ☐ Yes. In which community st | ate or territory did you live? | | . Fill in the name and current address of that person. |
| | Name of your spouse, former spouse | se, or legal equivalent | | |
| | Number Street | | | |
| | Oth | Otata | 710.0-1- | |
| | City | State | ZIP Code | |
| | • | • | | r if your spouse is filing with you. List the person |
| | _ | | _ | er. Make sure you have listed the creditor on |
| | Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f | · · | 6E/F), or Scheal | ule G (Official Form 106G). Use Schedule D, |
| | ochedule 27, or ochedule 3 to 1 | iii out Golulliii 2. | | |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| | | | | Check all schedules that apply: |
| 3.1 | | | | |
| | Nicholas Pellegrino Name | | | Schedule D, line 2.1 |
| | 219 Apt. L, McDade Blvd | | | ☐ Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | Glenholden | Pennsylvania | 19036 | |
| | City | State | ZIP Code | |
| 3.2 | | | | Schedule D, line |
| | Name | | | Schedule E/F, line |
| | Number Street | | | Schedule G, line |
| | | | | Concade o, into |
| ļ | City | State | ZIP Code | |
| 3.3 | | | | ☐ Schodula D. lina |
| | Name | | | Schedule D, line |
| | Number Street | | | Schedule E/F, line |
| | 199116 JUPET | | | ☐ Schedule G, line |
| | City | State | ZIP Code | |
| | | | | |

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| | Docur | nent Page 32 of 6 | 1 | |
|--|--------------------------------|----------------------------------|--------------------|--|
| ill in this information to identify y | our case: | | | |
| bebtor 1 Laurence R Pellegrino |) | | | |
| First Name | Middle Name | Last Name | | |
| pouse, if filing) First Name | Middle Name | Last Name | | |
| ited States Bankruptcy Court for the: _ | New Jersey | | | |
| se number | | | Check if this | s is: |
| known) | | | An amen | • |
| | | | | ement showing post-petition 13 income as of the following date: |
| ficial Form 106I | | | MM / DD / | YYYYY |
| chedule I: You | r Income | | | 12/15 |
| Part 1: Describe Employment | nent | Debtor 1 | | Debtor 2 or non-filing spouse |
| information. | | Deptor 1 | | Debtor 2 or non-ming spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ☐ Not employed | | ☐ Employed ☐ Not employed |
| Include part-time, seasonal, or self-employed work. | | | | |
| Occupation may Include student or homemaker, if it applies. | Occupation | | | |
| | Employer's name | | | |
| | Employer's address | | | |
| | Employer 3 address | Number Street | | Number Street |
| | | | | |
| | | City State ZIF | P Code | City State ZIP Code |
| | How long employed the | • | | • |
| | gpy | | | |
| Part 2: Give Details About | t Monthly Income | | | |
| | f the date you file this for | m. If you have nothing to report | for any line, writ | te \$0 in the space. Include your non-filing |
| If you or your non-filing spouse ha | ave more than one employe | | all employers for | that person on the lines |
| below. If you need more space, a | illacii a separale sneet to tr | | B.14 | F D I |
| | | F | or Debtor 1 | For Debtor 2 or |

Official Form 106l Schedule I: Your Income page 1

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

non-filing spouse

\$_0.00

\$ 0.00

+ \$ 0.00

\$ 0.00

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Debtor 1

Laurence R Pellegrino First Name Middle Name

Last Name

Case number (if known)_

| | | For Debtor 1 | | For Debtor 2 or non-filing spouse | | |
|--|------------|----------------------|------|-----------------------------------|------------|--------------------|
| Copy line 4 here | 4 . | \$_0.00 | | \$_0.00 | - | |
| 5. List all payroll deductions: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | | \$ 0.00 | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | _ | \$ 0.00 | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | | \$ 0.00 | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | _ | \$ 0.00 | | |
| 5e. Insurance | 5e. | \$ | _ | \$_0.00 | | |
| 5f. Domestic support obligations | 5f. | \$ | _ | \$_0.00 | | |
| 5g. Union dues | 5g. | \$ | _ | \$ 0.00 | | |
| 5h. Other deductions. Specify: | _ | +\$ | _ | + \$ 0.00 | | |
| 6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$_0.00 | _ | \$_0.00 | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ 0.00 | _ | \$ 0.00 | | |
| List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u>0.00</u> | _ | \$ <u>0.00</u> | | |
| 8b. Interest and dividends | 8b. | \$ 0.00 | | \$ 0.00 | | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | • | - | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_0.00 | - | \$_0.00 | | |
| 8d. Unemployment compensation | 8d. | \$ 0.00 | _ | \$_0.00 | | |
| 8e. Social Security | 8e. | \$ <u>1,982.00</u> | _ | \$ <u>0.00</u> | | |
| 8f. Other government assistance that you regularly receive | | | | | | |
| Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | ice | \$_0.00 | - | \$_0.00 | | |
| Specify: | 8f. | | | | | |
| 8g. Pension or retirement income | 8g. | \$ <u>176.00</u> | _ | \$_0.00 | | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | _ | +\$0.00 | | |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ <u>2,158.00</u> | | \$_0.00 | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_2,158.00 | + | \$ 0.00 | _ = | \$ 2,158.00 |
| 11. State all other regular contributions to the expenses that you list in Scheo | dule J | ! | _ | | _ | |
| Include contributions from an unmarried partner, members of your household, y | our d | ependents, your ro | omm | nates, and other | | |
| friends or relatives. | not o | voilable to pay ever | 2000 | a listed in Schodula | | |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | raliable to pay expe | ense | | | \$_0.00 |
| Specify: | | | | | . 🕶 | <u> </u> |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | | | | • | <u>2</u> . | \$ <u>2,158.00</u> |
| | | | 1-15 | | | Combined |
| 13. Do you expect an increase or decrease within the year after you file this f | form? | | | | | monthly income |
| Yes. Explain: | | | | | | |
| r | | | | | | |

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| | | Document | 1 age 54 01 01 | | | |
|---------|---|--|---|-----------------------------------|--------------------|---|
| | Fill in this information to identify y | our case: | | | | |
| C | Debtor 1 Laurence R Pellegrino First Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Case number (If known) Defficial Form 106J Schedule J: You | Middle Name Last Name Middle Name Last Name New Jersey | | ded filir ment sh s as of t | • | petition chapter 13 date: 12/15 |
| in | | ssible. If two married people are filin d, attach another sheet to this form. | | - | | _ |
| | Part 1: Describe Your Hou | sehold | | | | |
| 1. | Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a s No Yes. Debtor 2 must fil | separate household? e Official Forms 106J-2, Expenses for | Separate Household of Debtor 2. | | | |
| 2. | Do you have dependents? | ☑ No | • | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents' names. | | | - - - | | No Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | No Yes | | | | |
| P | art 2: Estimate Your Ongo | ing Monthly Expenses | | | | |
| a li | expenses as of a date after the bar applicable date. Include expenses paid for with nor such assistance and have included | bankruptcy filing date unless you ankruptcy is filed. If this is a supplemental of the second of the | ental <i>Schedule J</i> , check the box u know the value of icial Form B 106I.) | | - | n and fill in the |
| | 4a. Real estate taxes4b. Property, homeowner's, or r | enter's insurance | | 4a. 4b. | \$ 0.00 \$ 0.00 | |
| | 4c. Home maintenance, repair, | | | 4c. | \$ 100.00 | |

Homeowner's association or condominium dues

4d.

4d.

\$0.00

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Debtor 1

Laurence R Pellegrino
First Name Middle Name Last Name

Case number (if known)_

| | | | Your expenses |
|-----|---|-----------------|------------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$_0.00 |
| | Utilities: | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | \$ 175.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$_50.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$_340.00 |
| | 6d. Other. Specify: | 6d. | \$ 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ 400.00 |
| 8. | Childcare and children's education costs | 8. | \$ 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ 25.00 |
| 10. | Personal care products and services | 10. | \$ 0.00 |
| 11. | Medical and dental expenses | 11. | \$_100.00 |
| 12. | | 12. | \$_200.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$_0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$_0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$_0.00 |
| | 15b. Health insurance | 15b. | \$_0.00 |
| | 15c. Vehicle insurance | 15c. | \$_210.00 |
| | 15d. Other insurance. Specify: | 15d. | \$_0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$_0.00 |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$_0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$_0.00 |
| | 17c. Other. Specify: Motorcycle | 17c. | \$ <u>60.00</u> |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as dedu your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | icted from | \$ 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ <u>0.00</u> |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule | I: Your Income. | |
| | 20a. Mortgages on other property | 20a. | \$_0.00 |
| | 20b. Real estate taxes | 20b. | \$ 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ <u>0.00</u> |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ 0.00 |

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| | Laurence R Pellegrino Case no First Name Middle Name Last Name | umber (if known) | |
|---------------|---|------------------|----------------------|
| 21. Other. S | pecify: | 21. | +\$_0.00 |
| | e your monthly expenses. lines 4 through 21. | | \$ <u>3,</u> 142.00 |
| 22b. Cop | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 line 22a and 22b. The result is your monthly expenses. | 22. | \$ |
| 23. Calculate | your monthly net income. | | |
| 23a. Cop | by line 12 (your combined monthly income) from Schedule I. | 23a. | \$ <u>2,158.00</u> |
| 23b. Cop | by your monthly expenses from line 22 above. | 23b. | - \$ 3,142.00 |
| | e result is your monthly net income. | 23c. | \$984.00 |
| For exam | expect an increase or decrease in your expenses within the year after you file this pole, do you expect to finish paying for your car loan within the year or do you expect you payment to increase or decrease because of a modification to the terms of your morton | our | |
| ☐ Yes. | Explain here: | | |

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| Fill in this in | formation to identify | your case: | |
|---------------------------------|---------------------------|------------------|-----------------------|
| Debtor 1 | Laurence First Name | R Middle Name | Pellegrino Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | New Jersey | |
| Case number | (If known) | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 140,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ <u>19,701.00</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>159,701.00</u> |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ <u>182,406.34</u> |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ <u>0.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ <u>32,946.47</u> |
| Your total liabilities | \$ <u>215,352.81</u> |
| art 3: Summarize Your Income and Expenses | |
| . Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ <u>2,158.00</u> |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J | \$ <u>3,142.00</u> |

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Last Name

Document Page 38 of 61 Debtor 1 Laurence First Name Pellegrino Case number (if known)_

| 1 | art 4: Answer These Questions for Administrative and Statistical Records | | |
|----|---|---------------------------------|------------------|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | ☐ No. You have nothing to report on this part of the form. Check this box and submit this fo ☐ Yes | orm to the court with your othe | r schedules. |
| 7. | What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purpose. | | onal, |
| | Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | of the form. Check this box ar | nd submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | come from Official | \$ <u>176.00</u> |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | | |
| | | Total claim | |
| | From Part 4 on Schedule E/F, copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> | |
| | 9d. Student loans. (Copy line 6f.) | <u>\$0.00</u> | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ <u>0.00</u> | |
| | 9g. Total. Add lines 9a through 9f. | \$_0.00 | |

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| Fill in this in | formation to identify y | our case: | |
|---------------------------------|---------------------------|-------------|------------|
| Debtor 1 | Laurence R Pellegrino | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | | New Jersey |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|--|---|
| | |
| | |
| ler penalty of perjury, I declare that I I | nave read the summary and schedules filed with this declaration and |
| | nave read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I I t they are true and correct. | nave read the summary and schedules filed with this declaration and |

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| Fill in this in | formation to identify | your case: | |
|--------------------------------|---------------------------|------------------|-----------------------|
| Debtor 1 | Laurence First Name | R Middle Name | Pellegrino Last Name |
| Debtor 2 (Spouse, if filing | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for the: | New Jersey | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1 | : Give Details Abou | ut Your Marital Stat | us and Where Yo | ou Lived Before | | |
|--------|--|----------------------|-------------------------------|--|--------------------|---------------------------|
| | at is your current marita Married Not married | I status? | | | | |
| X | ing the last 3 years, hav No Yes. List all of the places | | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 ived there |
| | Number Street | | From To | Same as Debtor 1 Number Street | | Same as Debtor 1 From To |
| | City | State ZIP Code | | City State ZIF | Code | |
| | Number Street | | From To | Same as Debtor 1 Number Street | | Same as Debtor 1 From To |
| | | | | alent in a community property state or | | unity property states |
| X | | | | v Mexico, Puerto Rico, Texas, Washingtor n 106H). | n, and Wisconsin.) | |

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Debtor 1 Laurence R Pellegrino Case number (if known)_____

| i you are niing a joint case and you have inco | d from all jobs and all busing that you receive togeth | nesses, including part-tir | | dar years? |
|--|--|---|---|---|
| ☑ No ☑ Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tipsOperating a business | \$ | □ Wages, commissions, bonuses, tips□ Operating a business | \$ |
| For last calendar year: | ☐ Wages, commissions, bonuses, tips | \$ | ☐ Wages, commissions, bonuses, tips | \$ |
| (January 1 to December 31, | Operating a business | | Operating a business | |
| For the calendar year before that: (January 1 to December 31, | ☐ Wages, commissions, bonuses, tips) ☐ Operating a business | \$ | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | \$ |
| vinnings. If you are filing a joint case and you | u have income that you rece | ridends; money collected eived together, list it only | d from lawsuits; royalties; ar y once under Debtor 1. | |
| winnings. If you are filing a joint case and you List each source and the gross income from No | u have income that you rece | ridends; money collected eived together, list it only | d from lawsuits; royalties; ar y once under Debtor 1. | |
| winnings. If you are filing a joint case and you List each source and the gross income from | u have income that you rece | ridends; money collected eived together, list it only | d from lawsuits; royalties; ar y once under Debtor 1. | |
| vinnings. If you are filing a joint case and you ist each source and the gross income from No | u have income that you rece | ridends; money collected eived together, list it only | d from lawsuits; royalties; an y once under Debtor 1. t you listed in line 4. | Gross income from each source |
| vinnings. If you are filing a joint case and you list each source and the gross income from No Yes. Fill in the details. | p have income that you rece each source separately. Do Debtor 1 Sources of income | ridends; money collected eived together, list it only onot include income that Gross income from each source (before deductions and | d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| vinnings. If you are filing a joint case and you ist each source and the gross income from No | Debtor 1 Sources of income Describe below. | ridends; money collected eived together, list it only onot include income that onot include income that Gross income from each source (before deductions and exclusions) | d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| vinnings. If you are filing a joint case and you list each source and the gross income from No Yes. Fill in the details. From January 1 of current year until | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions) Gross income from each source (before deductions and exclusions) | d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| vinnings. If you are filing a joint case and you list each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions) Gross income from each source (before deductions and exclusions) \$ 11,892.00 \$ 1,050.00 | d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| vinnings. If you are filing a joint case and you list each source and the gross income from No No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015) | Debtor 1 Sources of income Describe below. Social Security Pension | Gross income from each source (before deductions) \$\frac{1}{3}\text{11,892.00} \\ \$\frac{1}{3}\text{1,050.00} \\ \$\frac{1}{3}\text{1,050.00} \\ \$\frac{1}{3}\text{1.050.00} \\ \$\frac{1}\text{1.050.00} \\ \$\frac{1}{3}\text{1.050.00} \\ \$\frac{1}{3}\ | d from lawsuits; royalties; ar y once under Debtor 1. t you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| vinnings. If you are filing a joint case and you list each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | Debtor 1 Sources of income Describe below. Social Security Pension Social Security | Gross income from each source (before deductions) \$\frac{11,892.00}{5.000}\$ \$\frac{11,050.00}{5.000}\$ | d from lawsuits; royalties; are yonce under Debtor 1. t you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |
| winnings. If you are filing a joint case and you list each source and the gross income from No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2015) | Debtor 1 Sources of income Describe below. Social Security Pension Social Security | Gross income from each source (before deductions) \$\frac{11,892.00}{\$\frac{1},050.00}\$ | d from lawsuits; royalties; are yonce under Debtor 1. t you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |

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| Debtor 1 | Laurence | R Pellegrino | | Case number (if known) | |
|----------|-------------|--------------|------------|------------------------|--|
| | Cinet Manne | Middle Massa | Look Norma | | |

| art 3: | List | Certain Paym | nents You | Made Befor | e You Filed | for Bankruptcy | | |
|--------|------------------------|---------------------------------------|-----------------------------|-----------------------------------|---------------------------------|---|--|-----------------------|
| Are e | ither D | ebtor 1's or Deb | otor 2's deb | ts primarily co | onsumer debt | s? | | |
| □ N | lo. Nei "inc | ther Debtor 1 no urred by an indiv | or Debtor 2 idual primar | has primarily ily for a person | consumer de al, family, or h | bts. Consumer debts are | e defined in 11 U.S.C. § 101 | (8) as |
| | Dur | ing the 90 days b | pefore you fil | led for bankrup | otcy, did you pa | ay any creditor a total of | \$6,425* or more? | |
| | | No. Go to line 7. | | | | | | |
| | | total amour | nt you paid th | nat creditor. Do | not include p | | or more payments and the apport obligations, such as this bankruptcy case. | |
| | * Su | | | - | | · · · · · · · · · · · · · · · · · · · | fter the date of adjustment. | |
| X Y | es. De b | otor 1 or Debtor | 2 or both h | ave primarily | consumer de | bts. | | |
| | | | | | | ay any creditor a total of | \$600 or more? | |
| | _ | No. Go to line 7. | - | · | | | | |
| | u | creditor. Do | not include | payments for | domestic supp | \$600 or more and the to ort obligations, such as by for this bankruptcy ca | ntal amount you paid that child support and see. | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | | | ☐ Car |
| | | Number Street | | | | | | Credit card |
| | | Trainibo. Circot | | | | | | Loan repayment |
| | | | | | | | | ☐ Suppliers or vendor |
| | | City | State | ZIP Code | | | | ☐ Other |
| | | | | | - | | | |
| | | One disease Name | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | | | ☐ Car |
| | | Number Street | | | | | | Credit card |
| | | | | | | | | Loan repayment |
| | | | | | | | | ☐ Suppliers or vendor |
| | | City | State | ZIP Code | | | | ☐ Other |
| | | | | | - | | | |
| | | | | | | \$ | \$ | ☐ Mortgage |
| | | Creditor's Name | | | | | | ☐ Car |
| | | N | | | | | | Credit card |
| | | Number Street | | | | | | Loan repayment |
| | | | | | | | | ☐ Suppliers or vendor |
| | | | | | | | | * * |
| | | City | | ZIP Code | | | | ☐ Other |

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Case number (if known)_

Laurence R Pellegrino
First Name Middle Name

Last Name

Debtor 1

| orporations of which you | atives; any general u are an officer, dir a business you ope | partners; rela rector, persor | atives of any g n in control, or | general partners; pa owner of 20% or n | artnerships of which nore of their voting | no was an insider? In you are a general partner; securities; and any managing domestic support obligations, |
|---|--|----------------------------------|-------------------------------------|--|---|---|
| ☑ No | | | | | | |
| Yes. List all payments | s to an insider. | | | | | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | | \$ | \$ | |
| Number Street | | | | | | |
| | | | | | | |
| City | State Z | ZIP Code | | | | |
| Insider's Name | | | | \$ | \$ | |
| | | | | | | |
| Number Street | | | | | | |
| Number Street | | | | | | |
| City | | ZIP Code | | | | |
| City | u filed for bankrup | ptcy, did you | | ayments or transfe Total amount paid | er any property on Amount you still owe | account of a debt that benefited Reason for this payment Include creditor's name |
| City fithin 1 year before you n insider? nclude payments on deb No Yes. List all payments | u filed for bankrup | ptcy, did you | an insider. Dates of | Total amount | Amount you still | Reason for this payment |
| City fithin 1 year before you n insider? nclude payments on deb | u filed for bankrup | ptcy, did you | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City fithin 1 year before you n insider? nclude payments on deb No Yes. List all payments | u filed for bankrup | ptcy, did you | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City Sithin 1 year before you n insider? Include payments on debase No Yes. List all payments Insider's Name | u filed for bankrup ots guaranteed or c | ptcy, did you | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City Vithin 1 year before you n insider? Include payments on debuild No Yes. List all payments | u filed for bankrup ots guaranteed or c | ptcy, did you | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |
| City Sithin 1 year before you n insider? Include payments on debase No Yes. List all payments Insider's Name | u filed for bankrup ots guaranteed or c | ptcy, did you | an insider. Dates of | Total amount paid | Amount you still owe | Reason for this payment |

City

State

ZIP Code

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Debtor 1 Laurence R Pellegrino Case number (if known) Case number (if known)

| all such matters, including personal injur contract disputes. | ry cases, sma | all claims actions, di | vorces, collection suits | s, paternity | actions, suppo | rt or custody modificatio |
|---|---------------|---|---|--------------|-------------------|---------------------------|
| No Yes. Fill in the details. | | | | | | |
| | Nature of | the case | Court or agend | су | | Status of the case |
| | Civil Action | า | | | | |
| Case title Midland Funding, LLC v. | | | See Attachme | nt 1 | | — X Pending |
| | _ | | Court Name | | | On appeal |
| Pellegrino | - | | 5th Street | | | Concluded |
| | | | Number Street | | | |
| Case number <u>DC-003696-15</u> | - | | Camden | NJ | 08101 | |
| | | | City | State | ZIP Code | |
| | Judgment | | See Attachme | nt 2 | | |
| Case title Atlantic Credit and Finance v. | _ | | Court Name | iii Z | | — Ending |
| Pellegrino | | | 5th Street | | | On appeal |
| 1 Gilogiillo | - | | Number Street | | | Concluded |
| Case number DC-003863-15 | | | Consider | | 00404 | |
| Case number <u>DC-003863-15</u> | - | | Camden | NJ State | 08101 ZIP Code | |
| No. Go to line 11. Yes. Fill in the information below. | | | | | | |
| | ļ | Describe the proper | ty | | Date | Value of the property |
| Yes. Fill in the information below. | | Describe the proper | rty | | Date | Value of the property |
| | | Describe the proper | rty | | Date | |
| Yes. Fill in the information below. | | Explain what happe | ned | | Date | |
| Yes. Fill in the information below. Creditor's Name | | Explain what happe Property was | ned repossessed. | | Date | |
| Yes. Fill in the information below. Creditor's Name | | Explain what happe Property was Property was | ned repossessed. foreclosed. | | Date | |
| Yes. Fill in the information below. Creditor's Name Number Street | | Explain what happe Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. | viced. | Date | |
| Yes. Fill in the information below. Creditor's Name Number Street | Code | Explain what happe Property was Property was Property was Property was | ned repossessed. foreclosed. | vied. | Date | \$ |
| Yes. Fill in the information below. Creditor's Name Number Street | Code | Explain what happe Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | Date | \$ |
| Yes. Fill in the information below. Creditor's Name Number Street | Code | Explain what happe Property was Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | | \$ |
| Yes. Fill in the information below. Creditor's Name Number Street | Code | Explain what happe Property was Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | | \$ |
| Yes. Fill in the information below. Creditor's Name Number Street | Code | Explain what happe Property was Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | | \$Value of the propert |
| Yes. Fill in the information below. Creditor's Name Number Street City State ZIP | Code | Explain what happe Property was Property was Property was Property was Property was Property was | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | | \$Value of the propert |
| Yes. Fill in the information below. Creditor's Name Number Street City State ZIP | Code | Explain what happe Property was Property was Property was Property was Property was Property was Explain what happe | ned repossessed. foreclosed. garnished. attached, seized, or le | vied. | | \$Value of the propert |
| Yes. Fill in the information below. Creditor's Name Number Street City State ZIP | Code | Explain what happe Property was Property was Property was Property was Property was Property was Explain what happe Property was | ned repossessed. foreclosed. garnished. attached, seized, or le rty ned repossessed. | vied. | | \$Value of the propert |
| Yes. Fill in the information below. Creditor's Name Number Street City State ZIP | Code | Explain what happe Property was Property was Property was Property was Property was Property was Explain what happe | ned repossessed. foreclosed. garnished. attached, seized, or le rty ned repossessed. foreclosed. | vied. | | Value of the propert |

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| Laurence R Pellegrino First Name Middle Name Last N | Cas | e number (if known) | |
|---|--|--------------------------------------|----------------|
| | | | |
| in 00 days before your file lifes beat some | dere del accesso de la companya del companya de la companya del companya de la co | | |
| ounts or refuse to make a payment bec | tcy, did any creditor, including a bank or fir ause you owed a debt? | nancial institution, set off any amo | unts from your |
| No | | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action | Amount |
| Creditor's Name | | was taken | |
| Steated & Name | | | |
| Number Street | | | 5 |
| | | | |
| | | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | · —— —— | |
| | | | |
| nin 1 year before you filed for bankrupto | y, was any of your property in the possess | ion of an assignee for the benefit o | of |
| litors, a court-appointed receiver, a cus | todian, or another official? | | |
| No | | | |
| Yes | | | |
| List Certain Gifts and Contribut | tions | | |
| | | | |
| in 2 years before you filed for hankrunt | cy, did you give any gifts with a total value | of more than \$600 per person? | |
| No | cy, did you give any girts with a total value | or more than \$000 per person: | |
| vo Yes. Fill in the details for each gift. | | | |
| res. I ill ill the details for each gift. | | | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| per person | | the gifts | |
| | | | |
| Person to Whom You Gave the Gift | | | \$ |
| | | | ¢ |
| Number Street | | | Φ |
| | | | |
| | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |
| | | | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave | Value |
| per person | | the gifts | |
| | | | ¢ |
| Person to Whom You Gave the Gift | | | \$ |
| | | | \$ |
| Number Street | | | Ψ |
| | | | |
| | | | |
| | | | |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

Debtor 1

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| otor 1 | Laurence R Pellegrino | Case number (if known) | | |
|----------------|---|---|-----------------------------------|------------------------|
| | First Name Middle Name Last | Name | | |
| | | | | |
| | | | | |
| With | nin 2 years before you filed for bankrup | tcy, did you give any gifts or contributions with a total value | of more than \$600 | to any charity? |
| Х | Ni | | | |
| | | Mark Control | | |
| _ | Yes. Fill in the details for each gift or cont | ibution. | | |
| | Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| | that total more than \$600 | | contributed | |
| | | | T | |
| | | | | |
| | Charity's Name | | | \$ |
| | Charty's Name | | | |
| | | | | \$ |
| | Number Street | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | City State ZIP Code | | | |
| | | | | |
| | | | | |
| ırt 6 | List Certain Losses | | | |
| | | | | |
| _ | Yes. Fill in the details. Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance | Date of your loss | Value of property lost |
| ľ | | claims on line 33 of Schedule A/B: Property. | | |
| | | | | \$ |
| | | | | Ψ |
| | | | | |
| | | | | |
| rt 7 | List Certain Payments or Trans | sfers | | |
| \ \ /i+ | hin 1 year hefere you filed for hankrupt | cy, did you or anyone else acting on your behalf pay or trans | efor any proporty to | anyone you |
| | isulted about seeking bankruptcy or pre | | sier arry property to | allyone you |
| | | parers, or credit counseling agencies for services required in yo | our bankruptcy | |
| | | parene, or cream countries agentice for convicce required in ye | ar barna aptoy. | |
| | | | | |
| Х | Yes. Fill in the details. | | | |
| | Steven N. Taieb, Esq. | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | T | |
| | _1155 Route 73, Suite 11 | | | |
| | Number Street | | 06/24/16 | \$ <u>1,265.00</u> |
| | | | | |
| | | | | \$ |
| | Mt Lourel NI 2005 | | | Ψ |
| | Mt. Laurel NJ 08054 City State ZIP Code | | | |
| | State ZIF Code | | | |
| | Email or website address | | | |
| | | | | |
| | Person Who Made the Payment, if Not You | | | |

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| | Document Page 47 | | | |
|--|---|---|-----------------------------------|-----------------------|
| or 1 Laurence R Pellegrino First Name Middle Name | Last Name | Case number (if known) | | |
| | Description and value of any property | | Date payment or transfer was made | Amount of payment |
| Debt Ed. Cert. Foundation Person Who Was Paid | _ | | 06/25/46 | \$ 25.00 |
| Number Street | _ | | 06/25/16 | \$_25.00 |
| | _ | | | \$ |
| City State ZIP Code | | | | |
| Email or website address | | | | |
| Person Who Made the Payment, if Not You | _ | | | |
| No☐ Yes. Fill in the details. | Description and value of any property | | Date payment or transfer was made | Amount of paym |
| Person Who Was Paid | _ | | transfer was made | |
| Number Street | _ | | | \$ \$ |
| City State ZIP Code | • · | | | |
| Do not include gifts and transfers that you | our business or financial affairs? ors made as security (such as the granting of | | | |
| ☑ No☐ Yes. Fill in the details. | | | | |
| | Description and value of property transferred | Describe any property or or debts paid in exchang | | Date transfe was made |
| | | | | |
| Yes. Fill in the details. | | | | |
| Yes. Fill in the details. Person Who Received Transfer | transferred | | | |
| Yes. Fill in the details. Person Who Received Transfer Number Street | transferred | | | |

City

Number Street

State

Person's relationship to you ____

ZIP Code

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| ebtor 1 | Laurence R Pellegrino First Name Middle Name Last N | Name | Cas | e number (if knowr | 3) | | |
|-------------------|---|-------------------------------------|-------------------------|--------------------|--|--------------------------------------|----|
| are × | thin 10 years before you filed for bankrup a beneficiary? (These are often called as No Yes. Fill in the details. | | / to a self- | settled trust o | or similar device of wh | nich you | |
| | | Description and value of the proper | ty transferr | ed | | Date transfer was made | |
| | Name of trust | | | | | | |
| Part 8 | | · | • | | | | |
| clo Inc bro | thin 1 year before you filed for bankrupto osed, sold, moved, or transferred? clude checking, savings, money market, okerage houses, pension funds, coopera No Yes. Fill in the details. | or other financial accounts; certif | icates of d | eposit; share | | | |
| | | Last 4 digits of account number | Type of a instrumer | | Date account was closed, sold, moved, or transferred | Last balance befo closing or transfe | |
| | Name of Financial Institution | xxxx | Check | | | \$ | |
| | Number Street City State ZIP Code | | Saving Money Broke | y market rage | | | _ |
| | Name of Financial Institution | xxxx | ☐ Check | gs | | \$ | |
| | Number Street | | ☐ Money ☐ Broke ☐ Other | rage | | | |
| sec | you now have, or did you have within 1 curities, cash, or other valuables? No Yes, Fill in the details. | year before you filed for bankrupt | cy, any sa | fe deposit bo | x or other depository | for | |
| | | Who else had access to it? | | Describe the | contents | Do you sti | 11 |
| | Name of Financial Institution | Name | | | | ☐ No ☐ Yes | |
| | Number Street | Number Street | | | | | |
| | City State 7ID Code | City State ZIP Code | | | | | |

Debtor 1

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| Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still have it? Name of Storage Facility Number Street City State ZIP Code The purpose of Part 10, the following definitions apply: | btor 1 | Laurence R Pellegrino | | Case number (if known) | |
|--|---------------|--|--------------------------------------|---|----------------|
| Name of Storage Facility Name of Storage Facility Name of Storage Facility Name of Storage Facility Name Name Number Street Numb | | First Name Middle Name La | st Name | \ <u>-</u> | |
| Name of Storage Facility Name of Storage Facility Name of Storage Facility Name of Storage Facility Name Name Number Street Numb | | | | | |
| Name of Storage Facility Name of Storage Facility Name of Storage Facility Name of Storage Facility Name Name Number Street Numb | 2. Have | you stored property in a storage unit | or place other than your home with | hin 1 year before you filed for bankruptcy? | |
| Who else has or had access to it? Pescribe the contents | | | , , | , | |
| Who else has or had access to it? Describe the contents | _ | | | | |
| Name of Storage Facility Name Number Street Number Street City State ZIP Code City State ZIP Code City State ZIP Code Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nomber Street Where is the property? Describe the property Value Owner's Name Number Street Number Stree | | co. I ili ili tilo detallo. | Who also has ar had access to it? | Describe the contents | Do you still |
| Name of Storage Facility Name Name of Storage Facility Number Street | | | Wild else has of had access to it? | Describe the contents | |
| Name of Storage Facility Number Street Number Street Number Street Number Street | | | | | |
| Number Street Number Street Number Street City State ZP Code | | | | | □ No |
| City State ZIP Code | | Name of Storage Facility | Name | | ☐ Yes |
| City State ZIP Code | | | | | |
| Identify Property You Hold or Control for Someone Else | | Number Street | Number Street | | |
| Identify Property You Hold or Control for Someone Else | | | | | |
| Identify Property You Hold or Control for Someone Else | | | City State ZIP Code | | |
| Identify Property You Hold or Control for Someone Else | | | • | | |
| B. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Value Owner's Name Number Street Numbe | | City State ZIP Code | | | |
| B. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Value Owner's Name Number Street Numbe | | | | | |
| B. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? Describe the property Value Value Ourner's Name Number Street | art 9 | Identify Property You Hold | or Control for Someone Else | | |
| or held in trust for someone. Nower's Name Owner's Name Number Street Number | | | | | |
| No Yes. Fill in the details. Where is the property? Describe the property Value | - | | someone else owns? Include any p | roperty you borrowed from, are storing for, | |
| Yes. Fill in the details. Where is the property? Describe the property Value | | | | | |
| Where is the property? Describe the property Value Street Number Street | | | | | |
| Owner's Name Number Street Number Street Number Street | | Yes. Fill in the details. | | | |
| Number Street Number Street State ZIP Code | | | Where is the property? | Describe the property | Value |
| Number Street Number Street State ZIP Code | | | | | |
| Number Street Number Street State ZIP Code | | | | | |
| City State ZIP Code City Stat | | Owner's Name | | | \$ |
| City State ZIP Code City Stat | | | Number Street | | |
| Give Details About Environmental Information or the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Severnmental unit Environmental law, if you know it Date of notice Number Street Number Street | | Number Street | Number Street | | |
| Give Details About Environmental Information or the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Severnmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | | | |
| Give Details About Environmental Information or the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Severnmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | City State ZIP Code | City State Zi | P Code | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Sovernmental unit Environmental law, if you know it Date of notice Number Street Number Street Number Street | Part 1 | Give Details About Environ | mental Information | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Sovernmental unit Environmental law, if you know it Date of notice Number Street Number Street Number Street | 'a.u. 4 la.a. | number of Port 40, the following def | initiana anni. | | |
| hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | • • | | | |
| including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street | | | | | |
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | | | , |
| it or used to own, operate, or utilize it, including disposal sites. **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. **eport all notices, releases, and proceedings that you know about, regardless of when they occurred. **A. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **No** No** Pres. Fill in the details. **Governmental unit** **Environmental law, if you know it** **Date of notice** **Name of site** **Governmental unit** **Number** Street** **Number** Street** | incl | uding statutes or regulations controll | ing the cleanup of these substance | es, wastes, or material. | |
| it or used to own, operate, or utilize it, including disposal sites. **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. **eport all notices, releases, and proceedings that you know about, regardless of when they occurred. **A. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **No** No** Pres. Fill in the details. **Governmental unit** **Environmental law, if you know it** **Date of notice** **Name of site** **Governmental unit** **Number** Street** **Number** Street** | Site | means any location, facility, or prope | erty as defined under any environm | ental law, whether you now own, operate, o | r utilize |
| substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Oate of notice Number Street Number Street | | | | • | |
| substance, hazardous material, pollutant, contaminant, or similar term. eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Oate of notice Number Street Number Street | . Uoz | ardous motorial moons anything an o | nvironmental law defines as a baza | rdous waste bazardous substance toxic | |
| eport all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Number Street Number Street | | | | irdous waste, nazardous substance, toxic | |
| A. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street | Sub | stance, nazardous materiai, ponutant | , containinant, or similar term. | | |
| A. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street | eport | all notices, releases, and proceeding | s that you know about, regardless | of when they occurred. | |
| No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Rovernmental unit Number Street Number Street | - | _ | | | |
| Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street | 4. Has | any governmental unit notified you th | nat you may be liable or potentially | liable under or in violation of an environmer | ıtal law? |
| Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street | | | | | |
| Name of site Number Street Stree | X | No | | | |
| Name of site Governmental unit Number Street Number Street | | Yes. Fill in the details. | | | |
| Name of site Governmental unit Number Street Number Street | | | Covernmental unit | Environmental law if you know it | Data of nation |
| Number Street Number Street | | | Sovernmental unit | Literioninental law, if you know it | Date of notice |
| Number Street Number Street | | | | | |
| Number Street Number Street | | | | | |
| | ı | Name of site | Governmental unit | | |
| | | | | | |
| City State ZIP Code | i | Number Street | Number Street | | |
| City State ZIP Code | | | | | |
| | | | City State ZIP Code | | |
| | | | | | |
| | , | City State ZIP Code | | | |

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| Debtor 1 | Laurence I | R Pellegrino | | Case number (if known) |
|-------------|---------------|----------------|----------------------------------|------------------------|
| | First Name | Middle Name | Last Name | |
| | | | | |
| | | | | |
| 25. Have yo | ou notified a | ny governmenta | al unit of any release of hazaro | lous material? |

| 25. Have you notified any governmental unit | of any release of hazardous mate | rial? | |
|---|---|--|--------------------------------------|
| NoYes. Fill in the details. | | | |
| Tes. Fill in the details. | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | |
| Name of site | Governmental unit | _ | |
| Number Street | Number Street | | |
| | City State ZIP Code | _ | |
| City State ZIP Code | _ | | |
| 26. Have you been a party in any judicial or | administrative proceeding under a | ny environmental law? Include settlement | s and orders. |
| No Yes. Fill in the details. | | | |
| | Court or agency | Nature of the case | Status of the case |
| Case title | | | ☐ Pending |
| | Court Name | | On appeal |
| | Number Street | | ☐ Concluded |
| Case number | City State ZIP | Code | |
| Part 11: Give Details About Your B | usiness or Connections to An | | |
| □ A sole proprietor or self-employe □ A member of a limited liability co □ A partner in a partnership □ An officer, director, or managing □ An owner of at least 5% of the vo ☑ No. None of the above applies. Go to | executive of a corporation string or equity securities of a corporation | rtnership (LLP) | |
| Yes. Check all that apply above and | | usiness. | |
| Business Name | Describe the nature of the busin | · · | n number Security number or ITIN. |
| Business Name | _ | EIN: | |
| Number Street | Name of accountant or bookkee | per Dates business existe | d |
| | _ | From To | o |
| City State ZIP Code | _ | | |
| Business Name | Describe the nature of the busin | | n number Security number or ITIN. |
| Dusiness Hame | | EIN: | |
| Number Street | Name of accountant or bookkee | | |
| | _ | From To | 0 |
| City State ZIP Code | | II | |

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| Debtor 1 | Laurence R Pellegrino | | e number (if known) |
|----------|---|--|--|
| | First Name Middle Name Last Na | ame | |
| | | | |
| | | Describe the nature of the business | Employer Identification number |
| | Business Name | | Do not include Social Security number or ITIN. |
| | Dusiness Name | | EIN: |
| | Number Street | Name of accountant or bookkeeper | Dates business existed |
| | | | |
| | City State ZIP Code | | From To |
| | | | |
| inst | titutions, creditors, or other parties. | cy, did you give a financial statement to any | one about your business? Include all financial |
| _ | res. I ili ili tile detalls below. | | |
| | | Date issued | |
| | | | |
| | Name | MM / DD / YYYY | |
| | Number Street | | |
| | | | |
| | | | |
| | City State ZIP Code | | |
| | | | |
| | | | |
| D- 44 | O'L P. I | | |
| Part 1 | 2 Sign Below | | |
| an in | swers are true and correct. I understand | | nd I declare under penalty of perjury that the property, or obtaining money or property by fraud eent for up to 20 years, or both. |
| × | s/Laurence R Pellegrino | * | |
| | Signature of Debtor 1 | Signature of Debtor 2 | |
| | | | |
| | Date 29 June 2016 | Date | |
| Di | d you attach additional pages to <i>Your St</i> | atement of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? |
| | No Yes | | |
| | d you pay or agree to pay someone who | is not an attorney to help you fill out bankru | uptcy forms? |
| | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | Declaration, and Signature (Official Form 119). |
| | | | |

Debtor 1

Attachment Debtor: Laurence R Pellegrino Case No:

Attachment 1

Superior Court of New Jersey, Law Division, S.C.P.

Attachment 2

Superior Court of New Jersey, Law Division, S.C.P.

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| Fill in this int | formation to identify y | our case: | |
|---------------------------------|---------------------------|-------------|------------|
| Debtor 1 | Laurence R Pellegrino | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | | New Jersey |
| Case number (If known) | | | |
| | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below. | | | | | |
|---|---|---|--|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | | |
| Creditor's name: Wells Fargo Home Mortgage Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: | ☑ No □ Yes | | | |
| Creditor's name: Capital One Retail Services Description of property securing debt: 2005 Intruder Suzuki with 10,000 miles. | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ☑ Yes | | | |
| Creditor's name: Ally Financial Description of property securing debt: 2010 Chevy 2010 with | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ☑ Yes | | | |
| Creditor's name: Description of property securing debt: | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No □ Yes | | | |

12/15

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Your name

| Laurence R P | ellegrino |
|--------------|-----------|
|--------------|-----------|

First Name Middle Name

| Name |
|------|
| |

Case number (If known)_

| n the information below. Do not list rea | e that you listed in <i>Schedule G: Executory Contrac</i> al estate leases. <i>Unexpired leases</i> are leases that a sonal property lease if the trustee does not assum | are still in effect; the lease period has not yet |
|--|--|---|
| Describe your unexpired personal prope | rty leases | Will the lease be assumed? |
| Lessor's name: | | ☐ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| _essor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No □ Yes |
| Description of leased property: | | u Yes |
| _essor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased property: | | ☐ Yes |
| sign Below Inder penalty of perjury, I declare that I bersonal property that is subject to an u | have indicated my intention about any property of nexpired lease. | my estate that secures a debt and any |
| /s/Laurence R Pellegrino | x | |
| Signature of Debtor 1 | Signature of Debtor 2 | _ |
| | | |

Case 16-22566-ABA Doc 1 Filed 06/29/16 Entered 06/29/16 15:14:39 Desc Main Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Laurence R Pellegrino Debtor 1 Middle Name Last Name 1. There is no presumption of abuse. Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 **NEW JERSEY** United States Bankruptcy Court for the: _ Means Test Calculation (Official Form 122A-2). 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. Check if this is an amended filing Official Form 122A-1 Chapter 7 Statement of Your Current Monthly Income 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ■ Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions 0.00 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 1 Debtor 2 or farm 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses Copy here Net monthly income from a business, profession, or farm 0.00 \$ 6. Net income from rental and other real property Debtor 2 Debtor 1 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 - \$ Copy Net monthly income from rental or other real property

7. Interest, dividends, and royalties

0.00

0.00

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| Debt | or 1 Laurence R Pellegrino First Name Middle Name Last Name | | Case number (if known) | | |
|------|--|--|------------------------|--|------------------------------|
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 8. | Unemployment compensation | | \$ 0.00 | \$ | |
| | Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here: | \ . \$ | V | , | |
| 9. | Pension or retirement income. Do not include any ambenefit under the Social Security Act. | · | \$ 176.00 | \$ | |
| 10. | Income from all other sources not listed above. Spec Do not include any benefits received under the Social | ecurity Act or payments received international or domestic | · | 9 | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | Total amounts from separate pages, if any. | | + \$0.00 | + \$ | |
| 11. | Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for | | \$ <u>176.00</u> | + \$ | Total current monthly income |
| Pa | rt 2: Determine Whether the Means Test Ap | plies to You | | | , |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | |
| | 12a. Copy your total current monthly income from line | 11 | c | Copy line 11 here | \$ <u>176.00</u> |
| | Multiply by 12 (the number of months in a year). | | | _ | x 12 |
| | 12b. The result is your annual income for this part of th | ne form. | | 12b. | \$ <u>2,112.00</u> |
| 13. | Calculate the median family income that applies to y | ou. Follow these steps: | | | |
| | Fill in the state in which you live. | New Jersey | | | |
| | Fill in the number of people in your household. | 1 | | г | |
| | Fill in the median family income for your state and size of To find a list of applicable median income amounts, go of instructions for this form. This list may also be available | online using the link specified in | | 13. | \$ <u>61,347.00</u> |
| 14. | How do the lines compare? | | | | |
| | 14a. Line 12b is less than or equal to line 13. On the Go to Part 3. | e top of page 1, check box 1, Th | ere is no presumpti | ion of abuse. | |
| | 14b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A–2. | ge 1, check box 2, The presump | otion of abuse is dea | termined by Form 122A | 1-2. |
| Pa | rt 3: Sign Below | | | | |
| | By signing here, I declare under penalty of perju | ry that the information on this st | atement and in any | attachments is true an | nd correct. |
| | ✗ /s/Laurence R Pellegrino | × | | | |
| | Signature of Debtor 1 | | gnature of Debtor 2 | | |
| | Date <u>06/29/2016</u> MM / DD / YYYY | Da | MM / DD / YYY | <u>Y</u> | |
| | If you checked line 14a, do NOT fill out or file Forn If you checked line 14b, fill out Form 122A-2 and t | | | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NEW JERSEY

| [n | re Laurence R Pelleg | grino | | |
|----|---|--|---|----|
| | | | Case No | |
| De | ebtor | | Chapter 7 | |
| | DISCLOS | SURE OF COMPENSATION O | F ATTORNEY FOR DEBTOR | |
| 1. | named debtor(s) and that bankruptcy, or agreed to | compensation paid to me within o | on, I certify that I am the attorney for the above one year before the filing of the petition in ed or to be rendered on behalf of the debtor(s) in e is as follows: | 1 |
| | For legal services, I have | e agreed to accept | \$ 1,265.00 | |
| | Prior to the filing of this | statement I have received | \$ <u>1,265.00</u> | |
| | Balance Due | | \$ <u>0.00</u> | |
| 2. | The source of the compe | nsation paid to me was: | | |
| | X Debtor | Other (specify) | | |
| 3. | The source of compensat | tion to be paid to me is: | | |
| | X Debtor | Other (specify) | | |
| 4. | X I have not agree members and associ | d to share the above-disclosed con ates of my law firm. | npensation with any other person unless they are | 3 |
| | members or associat | | nsation with a other person or persons who are r greement, together with a list of the names of the | |
| 5. | In return for the above-d case, including: | isclosed fee, I have agreed to rende | er legal service for all aspects of the bankruptcy | |
| | a. Analysis of the debt file a petition in ban | | ing advice to the debtor in determining whether | to |
| | b. Preparation and filin | ng of any petition, schedules, stater | nents of affairs and plan which may be required | l; |
| | c. Representation of th hearings thereof; | e debtor at the meeting of creditor | s and confirmation hearing, and any adjourned | |

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|---------------------------|-------|----------------|---------------------------|-----------|
| B2030 (Form 2030) (12/15) | | Document Pa | ge 58 of 61 | |



| | FO41 | provisions | 1 . 17 |
|----|----------|------------|-------------|
| e. | II IIner | nrovicione | as needed i |
| | | | |

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation in an adversary proceeding, defense of all motions, amended plans, any and all appeals of bankruptcy court orders

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 29, 2016

/s//s/ Steven N. Taieb, Esq.

Date

Signature of Attorney

Steven N. Taieb, Esq. ST 8001

Name of law firm

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UNITED STATES BANKRUPTCY COURT New Jersey

| Lauren | ce R Pellegrino | Case No. |
|------------|---|---|
| | Debtors | Chapter 7 |
| | VERIFICATION (| OF CREDITOR MATRIX |
| attached N | | clicable, do hereby certify under penalty of perjury that the ct and consistent with the debtor's schedules pursuant to for errors and omissions. |
| | | |
| Dated: | June 29, 2016 | Signed: /s/Laurence R Pellegrino |
| | | |
| Dated: | | Signed: |
| Signed: | /s//s/ Steven N. Taieb, Esq. | _ |
| · | Steven N. Taieb, Esq. Attorney for Debtor(s) Bar no.: ST 8001 1155 Route 73, Suite 11 Mt. Laurel, New Jersey 08054 Telephone No: (856) 235-4994 | |

E-mail address: staieb@comcast.net

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Ally Financial P.O. Box 380901 Bloomington, MN 55438

Atlantic Credit and Finance PO Box 13386 Roanoke, VA 24033

CACH LLC PO Box 5980 Denver, CO 80127

Capital One PO Box 30281 Salt Lake City, UT 84130

Capital One Retail Services PO Box 30257 Salt Lake City, UT 84130

FreshView
4340 S Monaco Street
Suite 40
Denver, CO 80237

Midland Credit Mgmt 1037 Raymond Blvd Suite 710 Newark, NJ 07102

Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108

Portfolio Recovery Assocs LLC 120 Corporate Blvd Norfolk, VA 23502

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Target TD Bank PO Box 673 Minneapolis, MN 55440

The Home Depot CBNA PO Box 6497 Sioux Falls, SD 57117

Wells Fargo Home Mortgage PO Box 14547 Des Moines, IA 50306

WFFNB Home Projects PO Box 14517 Des Moines, IA 50306